

Edgar F. Bryant

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The Elements of a New Materia Medica and Therapeutics. Based upon an entirely new Collection of Dr. Peters' Proving and Clinical Experience. By J. C. Brown, M.D., F.F.C.S.

constant dosing of popular pills, &c., than with any other agents, because they are completely free to indiscriminate use. Many are so habituated to this, that they require fifteen or twenty of the infallible pills to have an effect, which is of itself a convincing proof of the injury they have caused. Whilst these very cases are often relieved by a few days' appropriate medication.

ARTICLE XVI.—*The Movement Cure.* By CHARLES F. TAYLOR, M.D.

HOMŒOPATHY is confessedly and practically liberal. A practitioner of this school does not consider himself an *ist* but a *physician*, whose duty it is to cure the sick, not to do specifically one thing or another. This characteristic willingness to receive truth from whatever source it emanates from has led homœopathic physicians to employ many obviously rational means, not specially embraced in the Hahnemannian philosophy. Thus in Europe the principal advocates of the "Movement Cure" are homœopathic in their tendencies, and Dr. Roth, a homœopathic physician in London of high standing, has devoted himself for the past eight years to this subject, and it is principally through him, by lectures, by articles in the (London) "Homœopathic Times," and by the several works he has written and published, that the subject of treating disease by movements has been brought before the English reader. And in presenting the claims of a system of practice entirely new to the American practitioner, but one more capable of philosophical demonstration and more in accordance with physiology and accepted medical truth, I expect a quicker appreciation and a more hearty response from my homœopathic brethren, than from any other branch of the medical profession.

The treating of many forms of chronic disease by "movements" is not new, but has been practiced for many years in Sweden, and latterly it has been introduced into many parts of the rest of Europe, especially Germany and England, and is at this moment, commended by physicians of the highest standing in those countries, not only for the striking success attending its



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application, but for the obviously rational explanation of its *modus operandi*. Indeed, Ling, the originator of this practice founded an Institution at Stockholm under royal patronage so long ago as 1813, in which various forms of disease have been treated up to the present time. Ling died in 1839, and the institution much enlarged, is now under the direction of Professor Branting. There are forty or fifty similar ones in Europe.

Ling's system does not consist of exercise in the ordinary acceptance of that term, but it embraces specific movements, applied to particular parts, in a definite manner, to fulfill certain special indications. The manner of their application depends on the anatomy and pathology of parts, the condition of the patient, and the special function or functions it is desirous of promoting; or, the physiological action to be established.

These movements are divided into three classes, viz., active, passive and duplicated. The active movements are those controlled by the patient's own volition and not influenced or modified by any other force. These are sometimes, but not so constantly used in the treatment of the sick.

Passive movements are those in which the patient is entirely inactive, and they are applied by another, in such a manner as to promote certain conditions in the parts acted upon. For example, a rotation of the foot, while the patient is reclining at ease and not calling the arterial blood away to other parts by muscular contraction, increases circulation and warmth in the foot; so passive flexion and extension of the limbs, in very weak persons, causes considerable forward movement of the fluids in the vessels influenced by the attached muscles; vibration of a part, pressure, as on an enlarged gland, causes absorption; pressure over a paralyzed nerve stimulates its functions, &c., &c.

A duplicated movement is where two forces are used; that is, either the patient's movement is resisted and thus intensified by the operation, or the movement made by the operator is resisted by the patient. The first is called *concentric*, a shortening of the muscle, and the latter *excentric*, for the contracting muscle is actually drawn out longer. There is a mechanical (on the capillaries) and physiological difference in these two movements, and conditions where one would be exclusively appropriate, would contra-indicate the other; but they may be used

together. The duplicated movements constitute the large majority used in treating the sick.

A distinctive feature of Ling's system is that all movements are made VERY SLOWLY.

In order to understand the application of some of the distinctive features of this system, it may be necessary to state some principles in the physiology of muscular nutrition, in the form of several propositions :

1. Muscular contraction, causes, or perhaps is caused by a chemical change in the fluids within the cells composing the ultimate muscular fibrilla ; the fluids thus changed passing into the venous capillaries, and the arterial capillaries presenting blastema to the cells for organization.

2. This contraction takes place under the stimulus of *volition* or nervous action (as reflex) which is the cause of the contraction.

3. All function is the result of physio-chemical change, therefore, in every muscular contraction, this change takes place in nerve *before* it does in muscular tissue, in consequence of its (nerve) effort to produce the effect (contraction) in the muscles ; hence—

4. *Rapidity* of motion, being the result of rapid innervation, exhausts the nerve function more rapidly than slow moments.

5. Again, in every movement only enough fibres contract at the same moment to perform the required movements, and as each contraction of a muscular fibre lasts for only a certain (short) length of time ; therefore—

6. In a slow movement, the greater length of time necessitates a greater number of fibres to contract, because those that contract first have sufficient time to exhaust their force, and thus the contraction is propagated more or less through the whole muscle. If resistance is offered this result is increased many fold, the power of each fibre being exhausted much more speedily.

7. Each volition, according to its intensity, causes a certain loss of innervation ; but a certain portion of the force generated is not immediately expended on the part towards which it is directed—except perhaps in very violent movements—but accumulates in the ganglionic nerve-centres to be expended, if re-

quired, in keeping up the action set in train without (for a time) calling upon a renewed impulse of the will; hence again,

8. Slow movements (all other things being equal) effect interstitial change in muscular tissue *more*, and in nerve substance *less* than fast ones.

9. The principal expenditure of nerve force arises from volition, but those movements, the result of reflex action, directed by the medulla spinalis, cause very little fatigue. This is strikingly illustrated when we mechanically walk along a familiar street, wrapped in thought, alike unconscious of time, distance or fatigue, but a short distance along a strange street will cause great weariness. In sewing, knitting and in most handicrafts, if the movements were directed wholly by volition, continuous efforts would be impossible. In Ling's system the will is very little exercised, because the patient is *acted upon*, the time, direction and force of the movement being controlled entirely by the operator, the patient expending only enough nervous stimulus to cause muscular contraction.

10. Nutrition (as of a muscle) is a process of disintegration caused by the exercise of *function*, (as contraction) and assimilation, materials for which are furnished by the arterial blood.

11. In supporting animal heat, muscular tissue is the last employed to support this function (as in starving, wasting disease) except perhaps in forming urea from disintegrated parts, since nitrogenized matters have the slightest affinity for the oxygen of respiration; hence—

12. A rapid circulation does not imply increased nutrition, but increased animal heat, and a greater destruction of particles, in consequence of the greater amount of oxygen taken into the system by the rapid respiration. Thus a circulation beyond the normal wants of the tissues is an expenditure of nervous energy to keep it up, and a waste of tissue (at first hydro-carbonaceous) to keep up the increased heat. It is the same whether this excitation is caused by disease, drugs or mental states (excessive volition).

13. Disease is always accompanied by diminished innervation, hence, according to the preceding view;

14. All sick people require slow movements, because they can thus get the greatest amount of interstitial disintegration

and assimilation, with the least expenditure of nerve force, which latter should always be conserved in the sick.

Having so great control of so many conditions, one can easily imagine how definite physiological states can be induced by movements at the will of the operator. This treatment is based on the assumption that there are two capillary states in all cases of chronic disease; viz., what is called a *venous* and an *arterial* capillarity; and it is the capillary system that the movements are intended to effect; the kind and quality of the particular movement depend upon which of these conditions is to be acted upon. A relaxed and expanded tissue is said to have a venous capillarity; while a retracted tissue is said to have an arterial capillarity; that is, it is the venous or the arterial capillaries that are affected, as the case may be. Thus in asthma, diarrhœa, and relaxed tissues the venous capillaries are at fault; but in consumption, constipation and hard, contracted tissues, the arterial capillaries are not in a healthy condition. Extreme and unmistakable illustrations of these different capillary states are found in the hyperæmia of the lower extremities in pregnant women, where the venous blood cannot return into the circulation, and in those stiff and contracted muscles, the result of inflammation, where the arterial blood cannot flow *into* the capillaries sufficiently to afford proper nourishment to the tissues. An example of each of these conditions may be seen in lateral curvature of the spine; the shortened muscles on the concave side of the spine being in an arterial, and the lengthened muscles on the convex side being in a venous capillary state. In treatment, the movements are such as to correct these capillary conditions.

According to Ling there are three orders of manifestations, in man, the harmony of which is health. But when there is a want of harmony, or ill-health, the balance is to be restored, and health promoted through those manifestations *only* that are abnormal. These three orders of manifestations are:

1st. Intellectual manifestations, or the influence of the mind over the bodily functions through the brain and nervous system.

2d. Chemical manifestations; nutrition, embracing assimilation, dissimilation, calorification, food, drink, air, medication,

and all means of operating on the system through the nutritive functions.

3d. Dynamic manifestation ; all the movements pertaining to the body ; circulation, respiration, secretion, muscular contraction, &c.

Thus we can act on the body to correct abnormal manifestations, *through those manifestations themselves* ; viz., through its *intellect*, its *nutrition*, and its *motions*. Ling's ideas do not conflict with the known truths of other systems, but simply place a large and equally important class of manifestations under the control of the physician. If "motion is the expression of life," surely these expressions may be modified by varying motions. In treating the sick, a balance of vital activities is to be obtained through those manifestations having relation to the pathological condition. Hence the movement cure is not of universal application ; but it is all-sufficient in many cases that cannot be reached through other means ; sometimes it is an auxilliary ; in other cases, especially in all acute diseases, it is contra-indicated. The following are some of the diseases in which the treatment by movement is particularly useful.

1. All those functional derangements arising from muscular relaxation ; feeble circulation and nutrition ; imperfect hæmatisation ; inability to take active exercise, from the weariness and nervous exhaustion consequent upon the effort. I need not minutely detail the manifold symptoms these cases present, nor assert the well-known discouraging results of the usual treatment of such cases. Many, I may say most of our cases of female derangements arise mainly from this cause, especially those derangements of the pelvic organs so common in our day and country. The poorly nourished tissues have a direct tendency to assume pathological states, especially the uterus and its appendages, because the abdominal contents above possessing feeble sustaining power in themselves and little support from the abdominal walls, fall, and the lower portion of the abdomen, pressing into the pelvis and upon its contents, themselves also weak, and the result is, versions, venous stases, sub-inflammations, ulcerations, prolapsus, &c. The remedy must be found in the direction from which the disease originated. Such movements as develop without exhausting, perfect hæmatisation, cause absorp-

tion in particular parts, assist circulation in the extremities, and especially those that strengthen the abdominal coverings and contents, and keep them in their place, besides movements to answer special indications, would be appropriate in such cases. Numerous instances might be given of the successful treatment of this class of disease, did space permit.

2. Scrofula appears to be a condition in which the lymphatics are more especially implicated. These vessels having no central organ of impulse, like the heart, to propel their contents forwards, in consequence of the inadequate support given to their walls by the feeble tissues surrounding them, and the imperfect condition of the lymph itself arising from imperfect nutrition, all conspire to cause stagnation in the lymphatic vessels, and those glandular enlargements characteristic of this affection. Muscular contractions, when not accompanied by nervous exhaustion, propel the lymph forwards and towards the general torrent of the venous circulation, the vessel walls are supported by the tonicity of the adjacent tissues, and the lymph itself is more perfect because the function of the muscular and glandular systems are more perfectly performed.

Miss W. of Ct. came to me on the 10th of March last. She was very intelligent, and with that peculiar expression of the eyes and countenance showing the strumous diathesis. She had been growing weaker and generally worse for three or four years past. Her condition was as follows : paleness and languor of expression; relaxation of all the muscular tissues, causing a considerable double lateral curvature to the left; head protruding forwards; constant coldness of feet and hands; indigestion; constipation that had been present from childhood; anteversion of the uterus, and leucorrhœa; difficult, sometimes painful, micturation, with frequent suppression of the urine for many hours; enlargement of the cervical glands along the anterior edge of the trapezius, so much as to amount to actual deformity, on the right side being swollen out even with the cheek. Near the angle of the right inferior maxillary one had suppurated a few weeks previously. The treatment by movements was continued till May 11th, when she left for her home, presenting the following conditions; curvature almost entirely

restored; the neck sat upright on the shoulders without any effort of hers; the feet and hands were constantly, to use her expression, "warm as toast," no leucorrhœa or other derangement of the pelvic organs, and no suppression of urine for many weeks; constipation slightly better; the enlarged glands were reduced so as not to be noticed, only at one point, except on a close digital inspection; digestion improved, and she was cheerful and happy, instead of being in a desponding state of mind.*

Disease of the spine and spinal distortions are successfully treated by movements. It can be readily seen that in simple lateral curvatures the result of muscular weakness and unaccompanied by caries of the osseous structure, that to develop particular groups of muscles might restore the spine to its natural position. But this principle is still more important where the curvature is caused by or accompanied with disease of the osseous and intervertebral substance. In such cases one great object is to relieve the point of disease from pressure. For this purpose a great variety of contrivances have been invented, all theoretically answering the indications, but all proving inadequate in practice. *No* organ can remain long in health without performing its function; and while the only function of muscular fibre is contraction, the sure way to induce disease is to prevent, by supporters and mechanical apparatus, the exercise of this power. Hence the profession has been under the necessity of abandoning this mode of treating these cases. The muscles themselves, when properly developed, will relieve the pressure from the point of ulcerative absorption, in the most perfect manner, and at the same time this development will indicate a corresponding improvement in the general health and consequent amelioration of diseased action. I have selected the following case from quite a number, not as the most successful (for some have entirely recovered) but as illustrating in a single case a larger range in the application of the movement cure.

* I would give the prescriptions, but the abbreviated technical language used would not be understood, and to write it out in full would occupy considerable space, and still not be very definite, besides it is not necessary for the purposes of this article.

Abby C., ten years old, the daughter of a clergyman in an adjoining State, came under my care the 17th of the last January. She had been suffering from sciatica and other forms of neuralgia, of the most excruciating kind, at intervals, for the past year, and had been treated for such, but without any relief. From her manner of sitting I immediately suspected disease of the spine, and examination revealed an incipient kyphosis involving the first and second lumbar vertebræ. She was precocious, with pale, watery complexion; cold clammy hands and feet; the neuralgia was principally in the right side, and that side was partially paralyzed, retaining about half its normal strength; walked with a stiff, hitching gait, the right leg carried forward, in consequence of a contraction of the right psoas muscle, probably from incipient psoas abscess, caused by the diseased vertebræ; the sight of the left eye so nearly lost that she could only discern a dark imperfect outline, but could distinguish nothing distinctly; no deformity perceptible, with clothes on, but a settling together, as it were, of the whole body; headache; restlessness at night; general feebleness and indisposition to play; indeed the case showed all the symptoms of ulcerative absorption of the bodies of the vertebræ, attended by many of its worse symptoms. The treatment by movements was pursued daily for three months, when the spring weather in the city not seeming to agree with her so well, I sent her to her parents in the country, who will carry out my directions for a simple treatment till she can return to me again. But the improvement, even in her case, was very marked. Very little neuralgia; much less coldness of extremities; strength restored to right side, so that the *right arm and leg were actually stronger than the left*; sleeps well; lively, with disposition to play like other children; *sight wholly restored to the left eye*; the settling down or inclining forwards relieved, but as she would stand more erect, the contracted psoas draws her more towards the left, for this muscle continuing to retain much sensitiveness, cannot be acted upon to develop its length till the sub-acute inflammation subsides, when by treatment she will be enabled to stand perfectly erect; and her general health had in all respects greatly improved, though I had fears that the ulcerative process was not wholly

arrested. Since going home I hear that she gradually improves.

These two cases, with the preceding remarks, will give the professional reader a sufficient idea of the wide applicability of this method of treatment, to answer both general and special indications. Indeed the facility with which this treatment can be adopted to special purposes, is another, and perhaps the most distinctive feature in the practice. The idea, that there are well-defined differences in the effects of different movements may seem novel at first; but Ling and his followers have done but little more than classify, arrange and systematise ideas and practices that are to be found in every community, and are observed by all. For instance, it is well known that carriage-riding is more useful for the consumptive; horseback-riding for the dyspeptic and constipated; in Ireland, the liver complaint is cured by climbing trees and swinging by the hands from the branches; and in some parts of this country suppression of the menstrual flow is cured by causing the patient to creep down-stairs "head foremost." Even the positions men assume in different trades have much influence, so that different classes of people have their characteristic diseases.

Having thus briefly and imperfectly directed attention to the subject of employing bodily movements for the cure of many forms of chronic disease, I submit whether it is not a subject worthy the investigation of every member of the medical profession, who desires to advance medical science and promote the interest and health of his patrons.

650 Sixth Avenue, New-York.

ADDITIONAL CASES.

CASE I. *Pott's Disease and Curvature of the Spine.*

This is a case of a little girl, ten years old, living in the central part of this State, who was brought to me on the tenth of January last. She had been failing in health for the past year or two, but still did not exhibit the usual degree of prostration commonly attending this disease in its advanced stages. This was undoubtedly mainly owing to the very intelligent and judicious care taken of her by her mother, who adopted every hygienic means in her power to promote her daughter's health. She had light complexion and hair, blue eyes, and was very intelligent

for one of her years. Complained of growing weakness; pain in the back, especially after any sudden jar or motion; less disposition to enjoy her customary active sports; easily fatigued, &c. She had, on examination, an angular curvature of the spine, embracing the seventh and eighth dorsal vertebræ, which presented a sharp point projecting backwards. Above this point, the spine curved very much to the right, the right shoulder was thrown up and backwards, and the left shoulder much flattened. Below the projecting point, the spine curved very much to the *left* and also *forwards*. This combination of curvatures caused a very serious and complicated distortion. Taking them separately the lateral curvature was *S* shaped, and the antero-posterior resembled an inverted interrogation point, (*i*) the spine in the lumbar region turning sharply forwards (lordosis.) She walked leaning a good deal to the right, with the abdomen projecting forwards. She remained at that time under treatment by movements for two weeks, with visible improvement, when she returned home with her mother, who carried out my instructions as faithfully as her facilities would allow. On the 28th of March she returned, a little improved in figure, and much improved in general health and strength. With the exception of two weeks, during which she was sick with the scarlet-fever, she has remained under treatment till the present moment. (June 25th.) At this time no one can detect any distortion with the clothes on, and but comparatively little with the back exposed. She walks perfectly upright, and all her movements are free and easy and no one would ever imagine that she once was so seriously deformed. Only when excessively fatigued does she show any indications of leaning towards the right. Even the seat of ulcerative absorption between the seventh and eighth dorsal vertebræ is not united by ankylosis, but the projection (kyphosis) seems to be gradually straightening out, and returning to its proper position in the spinal column; though a complete restoration is not to be expected. Her health seems to be perfect; never has any pain in the back, even after the severest exertion, but is extremely playful, cheerful, and happy.* No supporters, or any kind

* I intend to publish the prescription of movements used in this case so illustrated by wood cuts that it can be easily understood by all.

of mechanical apparatus is ever used or allowed in the treatment of these cases.

CASE II. *Paralysis with Muscular Wasting.*

M. E. B., a little girl from Rhode Island, seven years old, came under my care the third day of March last. When one year and a half old she met with a fall which brought on a gradually-developed paralysis of the right side. Of this, however, she recovered so far as to get nearly perfect use of the right hand, though it is somewhat the smaller of the two; but the right leg, after the first efforts towards recovery, seemed to get no better, but rather grew worse. It was one inch shorter than the left, and very small and feeble. She often fell down in walking, and could not sustain the weight of the whole body on it for a single moment; whenever she attempted to do so, it would immediately give way, and precipitate her to the floor; there was great relaxation of the ligaments of the foot and ankle, the toes were drawn down towards the heel, particularly when she was excited; indeed the bones of the foot were so loosely held together, that they could be easily moved upon one another with the fingers; and there was general indication of relaxation in that leg. She was under treatment about two months and a half, and can now use that leg with very great facility and strength. It has grown larger and stronger, being now able to sustain the whole body with ease, even while curtseying upon it, till the leg is at right angles with the thigh, and then raise into the upright position again; the foot is natural-shaped, and the former relaxation about the ankle and foot is nearly gone. This case had also a lateral curvature of the spine to the right, caused by the short leg and weakness of that side, but it was entirely removed by the treatment, and a recurrence prevented, by causing her to wear a cork sole on the right foot, so thick that the right hip is of the same height as the left.

CASE III. *General Weakness and Decline.*

E. S., of this city, seven years old, presented a condition of general weakness and decline in children, without serious derangements of special functions, very often to be met with, and very difficult to treat with benefit, by the ordinary means em-

ployed in such cases. She was a pretty little girl, and only child of one of our best citizens, and notwithstanding very judicious care and nursing on the part of the mother, still continued to be feeble. Her appetite was fickle, the bowels irregular, and she was subject to various attacks of sickness, more or less severe, without any assignable cause. In general, without being positively sick, she appeared weak and relaxed, with an expression of countenance denoting lassitude and weariness; frequent flying pains; considerable tenderness of the abdomen, particularly just below the stomach; cold hands and feet; indisposition to stand firmly erect, and so great relaxation of the muscular tissue that the spine was slightly curved to the right, and the shoulders unequal. There was indisposition and inability to take much active exercise, which was always followed by great fatigue. The treatment by movements in this case seemed beautifully adapted to meet the indications. At the expiration of about two months treatment it was surprising to see how strong and muscular she had become; indeed, very few children in the country of her age and size have better control of their muscles than she; her form was improved; most of the former symptoms of derangements were either absent or very much lessened; the expression of her countenance was lively and animated; cheeks rosy, with a purer blood; she delighted in using her strength, and was often more than a match for companions older and larger than herself; and she went to her sports with a zest and delight very pleasant to behold by all those who consider physical health as the basis of intellectual and moral character and usefulness.

CASE IV. *Loss of Power.*

This is a very remarkable case, as illustrating the control this treatment has over innervation, in assisting volition to accomplish its purposes.

Miss. C. had suppression of the menses for nine months, and during the last four months she had been confined to her bed. She could neither walk, stand, nor even sit up erect. During all this time she had been treated by some of the most eminent physicians in this city, but with no perceptible benefit. Her

last physician,* finding his treatment wholly unavailing, sent for me to try the virtues of the "Movement Cure." I found a beautiful young lady of nineteen, lying on her couch, wholly unable to assume any other position. She was not wasted, but her limbs, though plump, were soft and weak, and though she could use the arms with tolerable facility, the lower extremities refused to obey the will to any considerable extent. There was a temporary diminution of the amount of nervous stimulus that could be directed to the muscles of these parts. Treatment was commenced on the 27th of May. On the first day of June she walked a few steps alone, and in a week more she was able to walk about her room, sit up nearly all the time, and go out daily to ride. I gave her treatment twenty-five times, during which she gradually gained in strength and healthful appearance, and for the last two weeks she had the entire control and use of her limbs, in all respects, and at the end, was able to start for her home in a distant part of the country, much to the gratification of her parents and friends. She not only regained the control of her limbs, but her muscles grew daily more firm and strong, the color returned to her cheeks, her spirits rose and she appeared well on the road to perfect health. Even if the *rationale* of treatment in this case consisted in getting control of the *morale*, as from the rapid improvement, some might suppose, still it would demand no less consideration on that account. But in this case there was an actual inability. She was very desirous to walk, and often tried, assisted by her physician. After thorough trial, he expressed to me the opinion, that she had not the power to do so. The reason was, that each effort to use her lower extremities in walking, was so much beyond her actual capacity, requiring so great an expenditure of volitional power, as to be perfectly overwhelming, even before the first step was taken. But though she had not sufficient nervous stimulus to distribute to the *whole* lower extremities at the same time, with any considerable effect, yet she had power to move a *small portion* at a time. The treatment consisted in assisting her to get perfect control of one small portion of contractile tissue at a time, and while *all*

* Dr. J. M. Sims, of the "Woman's Hospital."

other parts were at perfect rest. Thus at first she could move her toes only a very little; while she made the effort to bend them more, she would be assisted to do so; then, as her power over their movements increased, the action would be increased, by offering gentle resistance to her movements, &c. Thus, of the ankle, the knee, and all other separate parts, and finally, of a whole extremity. At the same time, the movements were such as to accelerate the circulation in the venous capillaries, and an influx of arterial blood, under the influence of which only, can innervation, or muscular contraction, take place.

CASE V. *Constipation.*

In the preceding article, I have remarked that "this treatment is based on the assumption that there are two capillary conditions in all cases of chronic disease, viz.; a venous and an arterial capillarity;" and also on "the facility with which this treatment can be adapted to special purposes." The following case illustrates both of these ideas. A lady had been principal of a female seminary for several years, the cares and anxieties of which had so far impaired her health that she was obliged to abandon her vocation. The prominent symptom was an inveterate constipation. She was also subject to frequent attacks of gastritis. She commenced treatment by movements in December last, and at that time had had but two or three spontaneous evacuations for eight months, in the mean time suffering much from gastric pains, depression of spirits and the usual symptoms attendant on such a condition.

But, let us inquire, why are the bowels ever constipated? Either because the muscular fibres of the intestines have lost their integrity and cannot produce sufficient vermicular motion to propel the contents forwards; or the secretion of intestinal fluids is diminished, rendering the fæces hard and not easily propelled; or, most likely, both these causes combined. Now, the condition for tonic health of the involuntary muscular fibre is a sufficiency of arterial blood; and the necessary condition for secretion is a proper supply of healthy arterial blood to the glands. Hence, in constipation there must be a deficient nutrition of muscular fibre and secreting glands. It therefore follows that vermicular motion and intestinal secretion will be secured

by securing an arteriality of the intestinal capillaries. The opposite condition occurs in chronic diarrhœa, where the imperfect circulation in the venous capillaries permits the serum of the blood to effuse into the intestinal tube. Movements that correct these conditions would of course be efficient in curing these disorders. In the above case, ten days treatment, in accordance with these indications, were sufficient to restore to the bowels the spontaneous and uninterrupted use of their functions, which continued without further treatment for nearly two months. Several similar cases have resulted, if not so speedily yet as satisfactorily as the preceding. The above cases have all been selected not to give the specific means employed, but to direct attention to, and to illustrate some of the *principles* on which this treatment is based.

ARTICLE XVII.—*Therapeutic Indications.* Translated from the French of Dr. ESCALLIER. By HENRY B. MILLARD, B. A., Student of Medicine.

AMONG the various morbid phenomena, which to a certain extent are dependent on individual idiosyncracies, none seem to me to be of greater importance than the varieties of rhythmus. If we call to mind that in the pure materia medica there is a class of drugs which are characterized by an aggravation or diminution of their pathologic effects under fixed circumstances, the importance of the indication of which I propose to treat will be at once perceived.

To elucidate this point I need not cite those cases of bronchitis in which the cough and oppression manifest themselves, with some almost exclusively at night, upon waking in the morning, or perhaps towards evening, are excited by movement, by repose, or after eating, while with others the symptoms are alleviated by these very circumstances. Nor need I mention cases of rheumatism, neuralgia and diarrhœa, which are brought on under the above conditions, as well as by the influences of moral emotions, changes of temperature, by heat or cold, contact or pressure, while again these *causes* act as cures.